

Public Health Provider - Charity Care Program (PHP-CCP) Questions and Answers

The purpose of this document is to list questions regarding PHP-CCP stakeholders and provide answers from leadership.

#	Topic	Question	Answer
1	Cost Report	Will the cost report be Excel-based or through the STAIRS system?	Excel-based in year one. We're trying to move to STAIRS for the following years.
2	Cost Report	Is the cost report document available?	Not at this time. It is still pending CMS approval. We will send out the cost report after CMS approval.
3	Cost Report	Will there be a cost report instruction manual provided, like there is for some other cost reports?	Yes. The cost report corresponds with a payment protocol (Attachment T). Both are pending CMS approval.
4	Cost Report	On slide 108 you reference approved procedure codes. Do you have a list of those codes that you could share?	The list is more of a guidance and is still pending CMS approval. We will send it out once it is approved.
5	Cost Report	Is an entity allowed to omit certain areas of costs that are part of the Cost Report? For example, can we choose to not claim any depreciation costs, collection effort costs, indirect costs or payroll associated costs?	The entity should include everything they expect to receive reimbursement on. If they do not claim it, they will not receive reimbursement.
6	Cost Report	Is there a limit on how many staff you can enter in the employee section?	No, there is no limit. Note that the expense has to be reasonable, necessary, and related to the program
7	Cost Report	Is Salvage Value on Exhibit 5 automatically calculated?	Salvage value for buildings is automatically calculated (10% of cost). Salvage value for vehicles and equipment is manually input by the provider
8	Cost Report	Will the provider still need report the number of patients they serve, like the Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP)? Does the provider need to define their system and report category C metrics performance?	This level of detail is not reported in the cost report
9	Cost Report	The presentation states that the Certification's responsible party's signature must be notarized. Are electronic signatures such as DocuSign allowed without being notarized?	At this time, no. The exhibits must be printed, signed, notarized, scanned, and sent. However, the cost report and instructions are still pending CMS approval so that may change.
10	Cost Report	Does depreciation include GASB 87 assets?	The expense has to be reasonable, necessary, and related to the program. Please see TAC 355.103 for more information on what can be allowed
11	Cost Report	For TPIs and NPIs for Associated providers, does that mean the individual providers under your CMHC group? Or just other Group TPIs/NPIs associated with the group	Other groups TPIs/NPIs associated with the group
12	Cost Report	For the purpose of this cost report, how does HHSC define "usual and customary rate"	Billed charges are based on the local chargemaster that sets the usual and customary rate for services.
13	Cost Report	Is the expectation that the "usual and customary rate" is higher than the Medicaid Allowable rate?	Correct
14	Cost Report	Regarding the Depreciation Reporting, it was mentioned that we need to input the information. Will this be for all the buildings and assets we already have or is this for anything we acquired?	You may include buildings and assets that you may already have but the expense has to be reasonable, necessary, and related to the program. Please see TAC 355.103 for more information on what can be allowed.
15	Cost Report	On Exhibit 6 Payroll and Benefits, during walkthrough of report sheets it was mentioned to add attendants as a group of those positions. To confirm a provider can aggregate information of payroll and benefits of a group of positions such as RNs rather than listing each RN per row?	A provider may enter information on a summary basis rather than entering each employee individually if a supplemental personnel schedule is provided.
16	Cost Report	When is this cost report due?	Cost Reports are due 11/14/2022
17	Participation Requirements	Do providers need to apply for the program, and if so, where can you find the application and application process?	There's no formal application. By attending the training, you have completed one of the requirements. The cost report will need to be completed after the program period (October 1, 2022 - November 14, 2022).
18	Participation Requirements	We are a health department that is heavily funded by grants and many of the claims pertain to enrolled patients. We are only allowed to bill a co-pay and follow a sliding scale. In addition, we report any revenue such as from Medicaid claims that are reported as program income. Does this affect us in participating from this program? What should be excluded?	Entities cannot be reimbursed for the same cost twice. The entity will need to allocate payroll, assets, and other expenses appropriately.
19	Program Specifics	What is the timing of the lump sum payment?	Payment timing is not determined at this time
20	Program Specifics	Will there be a sliding rate of reimbursement based upon patient income or a formula based approach?	There will not be a sliding rate. We will develop a standard methodology to apply across to all providers.
21	Program Specifics	What is the annual cost reimbursement limit?	There is no limit per provider. There is a program limit of \$500 million for the first year.
22	Program Specifics	Do preparers have to be employees, or can they be third party contractors?	Third party contractors can prepare the report but a PHP-CCP financial contact, who is an employee, must sign off on the cost report.
23	Program Specifics	Are we going to need a charity policy?	Yes, this is for the second year of the program and onward. Please see TAC 355.8217 for more details.

24	Program Specifics	If the Responsible party is replaced during the reporting period, will he / she have an opportunity to complete the training requirement?	As long as the provider had someone from their organization attend the training, the provider receives the credit for the program period. Multiple individuals from a qualifying provider may attend the training as well.
25	Program Specifics	Where do we reference the local chargemaster that's indicated in slide 37? Is this different than the Medicaid or Medicare Fee Schedule?	The local chargemaster is on a provider-by-provider basis and is different than the Medicaid/Medicare Fee Schedule. Please see the definition of preventative services in the TAC 355.8215 for more information.
26	Program Specifics	Can you describe and/or define "other preventive services"?	There is a definition for preventative services based on the TMPPM. https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8215 We are working with CMS to provide a general list of procedure codes for providers to use as a reference. We will send once that is approved by CMS.
27	Program Specifics	Can you help me understand UC Uninsured Billed Amounts?	The costs for Uninsured Billed Amounts entered should be for dates of service during the cost report period and must exclude all unfunded Medicaid and Medicare costs. Billed charges are based on the local chargemaster that sets the usual and customary rate for services.
28	Program Specifics	If we are a public health entity and get state funded grants like Primary Care, Title V, would those claims qualify?	Entities cannot be reimbursed for the same cost twice. The entity will need to allocate payroll, assets, and other expenses appropriately.
29	Program Specifics	Would like to confirm that both the person signing the cost report and the preparer need to complete this training for the cost report to be valid.	At least one employee from the provider needs to complete the training, doesn't necessarily have to be the person who signs the report.
30	Program Specifics	The person who signs the report and has it notarized needs to go through the training, correct? Even if that person is the County Judge or the Director of the Department?	At least one employee from the provider needs to complete the training, doesn't necessarily have to be the person who signs the report.
31	Program Specifics	You mentioned charity cases does not apply to incarcerated recipients, does a juvenile detention program apply to this rule?	Yes, person in juvenile detention will be considered as persons who are incarcerated.
32	Program Specifics	Slide # 38, please explain uninsured/UC, does this refer to non-covered services by the insurance carrier. UC claims - does this mean billed charges to self pay clients?	UC is Healthcare provided for which a charge was recorded, but no payment was received. UC consists of two components: (1) charity care, in which the patient is unable to pay, and (2) bad debt, in which payment was expected but not received. Uncompensated care excludes other unfunded costs of care, such as underpayment from Medicaid and Medicare...
33	Program Specifics	Are there any requirements that define how much the "usual and customary rate" for a service can exceed the Medicaid Allowable Rate for that same service?	No requirements. Billed charges are based on the local chargemaster that sets the usual and customary rate for services.
34	Program Specifics	What kind of facilities will be required to complete this report?	Participation in the program is optional. Qualifying Providers are defined in the TAC 355.8215(b)(6) - https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8215
35	Program Specifics	Will it be necessary for a Critical Access or Short Term Acute Care Facility? Or is this specific to community behavioral health centers and local mental health authorities?	Participation in the program is optional. Qualifying Providers are defined in the TAC 355.8215(b)(6) - https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=355&rl=8215
36	Program Specifics	If we do not currently participate in the 1115 waiver, are we still eligible for this funding stream?	Yes, there is no requirement to previously participate in the 1115 Waiver
37	Program Specifics	Is there a guide with more specifications on the types of services to be included in the report?	The TAC 355.8215 for PHP-CCP describes included services as behavioral health services, vaccine services, public health services, and other preventative services, when those costs are not reimbursed by another source. Further information on completing the cost report will be found in Attachment T pending CMS approval.
38	Program Specifics	If services are provided by a medical provider under contract and not directly by the LHD but paid by LHD are these applicable for PHP-CCP?	These may be applicable but the entity will need to allocate the expenses appropriately and can't be reimbursed for the same cost twice
39	Program Specifics	Slide 22 - Charity care - does the provider policy for charity care need to be approved by HHS?	Yes, this is for the second year of the program and onward. Please see TAC 355.8217 for more details.
40	Program Specifics	Slide 36 - does entity only report FFS claims that were paid or all claims regardless of reimbursement status?	Both - the paid amount and the associated billed charges
41	Program Specifics	In regards to the services applicable to the PHP-CCP, would services that are not billable due to LHD not considered a provider under CMS such as tobacco cessation and diabetes education be eligible to report if LHD has a charity care policy and covered as a self-pay service with a general fee per session?	Services must be billable with an eligible CPT code to be considered eligible for reimbursement.

42	Program Specifics	Will the PHP-CCP require an intergovernmental transfer based on FMAP in order to receive payment?	No, the program is structured to utilize certified public expenditures (CPE).
43	Program Specifics	Is there an example of a charity care policy for LHDs that could be shared with providers?	<p>We don't have an example at this time. Please see TAC 355.8217 for more details. The charity-care policy should adhere to the charity-care principles of the Healthcare Financial Management Association Principles and Practices Board Statement 15 (June 2019).</p> <p>PFD may have a stakeholder session later on in the process to walk through the HFMA guidance about what is included or not in terms of the frame work of a charity care policy.</p>
44	Program Specifics	Slide 10 mentions that PHP-CCP payments are not to be used for contingency fees, is there a definition or example of these?	<p>In the Medicaid provider enrollment agreement, there is language related to 3rd party billers that states "Provider and Biller agree to establish a reimbursement methodology to Biller that does not contain any type of incentive, directly or indirectly, for inappropriately inflating, in any way, claims billed to the Medicaid program."</p> <p>A contingent fee is a fee for services provided where the amount of the fee is correlated to the gain realized for the client.</p>
45	Program Specifics	On Exhibit 6 Payroll and Benefits, provider is listing all employees related to the provision of services. The slides 73-75 mention to include employees for which a portion of their salaries benefits must be reduced from total allowable costs. Where do employee's salaries benefits for which all portion is part of allowable costs such as a dedicated RN is fully dedicated to the provision of services? Or would provider report 0 reductions in section of federal and other deduction?	Provider can report 0 reductions if the employee is fully dedicated to the provision of services. See slides 76 and 77
46	Training	How can we get a copy of the PowerPoint?	https://pfd.hhs.texas.gov/acute-care/public-health-provider-charity-care-program
47	Training	Will there be additional training for the PHP-CCP?	There will be a "Refresher Training" next year but that's more for providers to review the cost report again (will not count for credit to participate in the program)